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MaineCare Redesign Committee Public Comments

Commissioner Mayhew and members of the MaineCare Redesign Committee, I am representing the Maine Association of Mental Health Services (MAMHS). We appreciate and support the effort that your committee has put forward on this very important issue. The providers of MAMHS have experience implementing health and wellness in an integrated, holistic fashion and can demonstrate that we can move consumers to more active participation and ownership of their overall health care. We believe that we are important partners as the state moves forward in the adoption of your recommendations. We offer the following comments for your consideration.

1. We support the recommendation to reinstate smoking cessation services. The elimination of such an important wellness activity is shortsighted and is contrary to the long-term goals of improving health and reducing costs.

2. The data that is presented throughout the report is at times difficult to interpret due to the inconsistent use of terminology. The various graphs utilize terms such as mental health, behavioral health and developmental disabilities as categories representing data. Dr. Flanagan has stated that the terms reflect a different set of services and/or represent a different population depending on the information being presented. For example, the category of mental health on one graph may include mental health services, substance abuse services and intellectual disabilities services, while on another graph mental health services may be specific to a limited type of service and/or population.

We would like to suggest that the committee identify the types of services/populations that are being represented in the data in areas where it is not self-evident.

3. We are very concerned by what appears to be the shifting of limited resources away from services to duplicative administrative structures. MAMHS fully supports and embraces the direction towards value-based purchasing. Our concern centers around the proposal to move forward with both an Accountable Communities structure and a Care Management Organization (CMO). Your report states, "The Task Force strongly supports the use of a CMO as an additional layer to the current value based purchasing initiatives." We believe that this is an duplicative layer that will not add value to the system.

MAMHS asks the committee to consider the impact that a CMO would have upon the developing value based purchasing system. How is it possible that both a CMO and an ACO can effectively manage

resources and realize shared savings when in fact those entities will be duplicating structures and efforts? We believe that this structure shifts costs away from consumers and towards administrative structures. We urge the committee to recommend one structure or another, but not both.

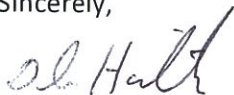
4. MAMHS is unclear about the recommendation to utilize Prior Authorization for psychiatric services. Section 65 services are already subject to prior authorization through APS. If this recommendation is inclusive of services that fall under Section 65 we are concerned by the increased administrative burden and inefficiency that would result from this recommendation.

We would ask the committee to clarify which services are being addressed in this recommendation.

5. MAMHS is interested in understanding how the dental benefit will be applied. Will individuals be able to access this benefit if they have an identified need or does the individual have to first present at an ED?

Your committee has identified the important impact that mental health has on the overall health care system. Our community brings important resources and expertise that will be necessary if we are to continue on the path of improved health and lowered costs. We believe that it will be important for the Department of Health and Human Services to be inclusive of all stakeholders as these recommendations move forward.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dale Hamilton", with a stylized flourish at the end.

Dale Hamilton
Board President